

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of
ALEXIAN BROTHERS HOSPITAL NETWORK, et al.,
Plaintiffs,
v.
NATIONAL IMAGING ASSOCIATES, INC.
Defendant.

Case Number:

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
ALEXIAN BROTHERS HOSPITAL NETWORK, ALEXIAN BROTHERS MEDICAL
CENTER and ST. ALEXIUS MEDICAL CENTER

FILED: JULY 28, 2008

08CV4268

JUDGE ST. EVE

MAGISTRATE JUDGE COLE

NAME (Type or print) Daniel J. Lawler		TC
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Daniel J. Lawler		
FIRM Bell, Boyd & Lloyd LLP		
STREET ADDRESS 70 West Madison Street, Suite 3100		
CITY/STATE/ZIP Chicago, IL 60602		
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6180981	TELEPHONE NUMBER 312-807-4289	
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>		